

EXHIBIT FF

Estate of Gene Edward Maloy

THE CITY OF NEW YORK
VITAL RECORDS CERTIFICATEDEPARTMENT OF HEALTH
VITAL RECORDS

CERTIFICATE OF DEATH

155 -01-049446

Certificate No

2001 OCT 24 P 3:53
DATE FILED1. NAME OF
DECEASEDGene Edward Maloy
(Type or print) (First Name) (Middle Name) (Last Name)

MEDICAL CERTIFICATE OF DEATH

(To be filled in by the O.C.M.E.)

2 PLACE OF DEATH NEW YORK CITY 2a BOROUGH Manhattan	2b Name of hospital or other facility if not facility, street address World Trade Center	2c If in Hospital or Other Facility 1 <input type="checkbox"/> DOA <input type="checkbox"/> Outpatient 2 <input type="checkbox"/> Emerg <input type="checkbox"/> Inpatient	2d If inpatient, date of current admission Month Day Year
3 DATE AND HOUR OF DEATH OR FOUND DEAD September 11, 2001	3a (Month) (Day) (Year) September 11, 2001	3b Hour <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	4 SEX MALE
5 APPROXIMATE AGE 41 Years			
6 DEATH WAS CAUSED BY: Enter only one cause per line			INTERVAL BETWEEN ONSET AND DEATH
a Immediate cause Physical injuries. (Body Not Found)			
b Due to or as a consequence of			
c Due to or as a consequence of			
d Other significant conditions contributing to death but not resulting in the underlying cause given in part 1			

PART 2

7a INJURY DATE (Month) (Day) (Year) September 11, 2001	7b Time <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	7c AT WORK 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No	7d PLACE OF INJURY- At home, Farm, Street, etc Office Building
7e LOCATION World Trade Center			
7f HOW INJURY OCCURRED Office Worker Killed in World Trade Center Disaster			
8 Manner of Death <input type="checkbox"/> Pending Further Study <input type="checkbox"/> Natural <input type="checkbox"/> Accident		9 Autopsy <input type="checkbox"/> Yes <input type="checkbox"/> No Autopsy Pursuant to Law <input checked="" type="checkbox"/> No Autopsy	
10 On the basis of examination and/or investigation in my opinion, death occurred due to the causes and manner as stated Certifier Signature: <i>Charles S. Hirsch</i> M.D. Date: October 24, 2001 Name (Print): Charles S. Hirsch, M.D.			
11 M E Case No DX0100682	12a Date Pronounced Dead (Month)(Day) (Yr) (if different from 3a)	12b Time <input type="checkbox"/> AM <input type="checkbox"/> PM	

PERSONAL PARTICULARS (To be filled in by Funeral Director, or in case of City Burial, by O.C.M.E.)

13 Usual Residence a State	13b County	13c City, Town, or Location	13d Street & House No	Zip Apt No	13e Inside City Limits of 7c <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
14 Served in U.S. Armed Forces No Yes Specify Years <input checked="" type="checkbox"/> From To		15 Marital Status (Check One) <input type="checkbox"/> Never married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Married or separated <input type="checkbox"/> Divorced		16 Name of Surviving Spouse (If wife, give maiden name) Margaret Randazzo	
17 Date of Birth of Decedent (Month) (Day) (Year)	18 Age at last birthday 41	if under 1 year mos days	if less than 1 day hours mins	19 Social Security No	
20a Usual Occupation (Kind of work done during most of working lifetime Do not enter retired) Systems Analyst				20b Kind of business or industry Insurance/Brokerage	
21 Birthplace (City & State or Foreign Country) Manassas, Virginia		22 Education (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 4		23 Other name(s) by which decedent was known	
24 NAME OF FATHER OF DECEDENT Gene A. Maloy			25 MAIDEN NAME OF MOTHER OF DECEDENT		
26a NAME OF INFORMANT Margaret Randazzo-Maloy	26b RELATIONSHIP TO DECEASED Wife	26c ADDRESS (CITY) (STATE) (ZIP) 31-11 32nd Street Apt. 24, Astoria, New York 11106			
27a NAME OF CEMETERY OR CREMATORY	27b LOCATION (City, Town, State and Country)	27c DATE OF BURIAL OR CREMATION			
28a FUNERAL ESTABLISHMENT		28b ADDRESS			

This is to certify that the foregoing is a true copy of a record on file in the Department of Health.

VR16(194) (9-01) VITAL RECORDS

DEPARTMENT OF HEALTH

the statements made thereon, as no inquiry as to the facts has been provided by law.

Gretchen Van Wye, PhD, City Registrar

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1340000528348

November 28, 2023

The City of New York



Family Member Affidavits

Margaret Randazzo-Maloy

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

----- X

In Re:

TERRORIST ATTACKS ON
SEPTEMBER 11, 2001

03-MDL-1570 (GBD)(SN)

----- X
RAYMOND ALEXANDER, et al.,

**AFFIDAVIT OF MARGARET
RANDAZZO-MALLOY**

Plaintiffs,

21-CV-03505 (GBD)(SN)

V.

ISLAMIC REPUBLIC OF IRAN,

Defendant.

----- X

STATE OF CALIFORNIA)
 : SS
COUNTY OF LOS ANGELES)

MARGARET RANDAZZO-MALLOY, being duly sworn, deposes and says:

1. I am a plaintiff in the within action, am over 18 years of age, and reside at
[REDACTED]
2. I am currently 56 years old, having been born on [REDACTED]
3. I am the wife of Decedent, Gene Edward Maloy, upon whose death my claim is based, and submit this Affidavit in connection with the present motion for a default judgment and in support of my solatium claim.
4. My husband passed away on September 11, 2001, at the age of 41. His death was a direct result of injuries he sustained from the September 11, 2001, terrorist attacks at the World Trade Center.

5. At the time of September 11, 2001, Gene was an analyst with Marsh and McLennan. He worked hard to reach that position. In addition to his job, he had many interests and hobbies that we enjoyed together including watching movies, playing tennis, swimming, taking road trips, listening to jazz, and eating French fries and chocolate.

6. On the morning of September 11, 2001, Gene was working in the World Trade Center. His colleague went downstairs to get breakfast, and asked Gene to join him. Gene, being who he was, said no because he wanted to get a step up on his day. Less than an hour later, the towers were struck.

7. Gene passed away on September 11, 2001, due to injuries sustained from the terrorist attacks on the World Trade Center.

8. Because of the way that my husband died, his death will continue to have far reaching consequences for me. Gene had been my best friend and confidant. Now we will never have grandchildren together.


MARGARET RANDAZZO-MALOY

Sworn before me this

31 day of October, 2023

Notary public

THE APPROPRIATE
CALIFORNIA NOTARY FORM
IS ATTACHED.

